Edgar Filing: Heritage Insurance Holdings, Inc. - Form 4/A

Heritage Insurance Holdings, Inc. Form 4/A February 27, 2017

February 27	, 2017											
FORM 4 UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549							OMB APPROVAL					
							OMMISSION	OMB Number:	3235-0287			
Check th if no lon	oer.								Expires:	January 31, 2005		
subject t Section Form 4 d	AENT OF (F CHANGES IN BENEFICIAL OWN SECURITIES					ERSHIP OF	Estimated average burden hours per response 0				
Form 5 obligatio may con <i>See</i> Instr 1(b).	ttinue. Section 17	a) of the Pu	blic Uti	lity Hol	ding Cor	npan	-	Act of 1934, 1935 or Section)				
(Print or Type	Responses)											
1. Name and Address of Reporting Person <u>*</u> Masiello James			2. Issuer Name and Ticker or Trading Symbol					5. Relationship of Reporting Person(s) to Issuer				
			Heritage Insurance Holdings, Inc. [HRTG]					(Check all applicable)				
(Last) (First) (Middle)		,	3. Date of Earliest Transaction (Month/Day/Year)					X_ Director 10% Owner Officer (give title Other (specify				
HOLDING	ΓAGE INSURAN S, INC., 2600 ICK DRIVE SUΙ΄	ICE 1	2/04/20	-				below)	below)			
(Street) CLEARWATER, FL 33759			4. If Amendment, Date Original Filed(Month/Day/Year)					6. Individual or Joint/Group Filing(Check Applicable Line)				
			12/08/2015					_X_ Form filed by One Reporting Person Form filed by More than One Reporting Person				
(City)	(State)	(Zip)	Table	I - Non-l	Derivative	Secu	rities Acqu	uired, Disposed of,	or Beneficiall	y Owned		
1.Title of Security (Instr. 3)	2. Transaction Date (Month/Day/Year)	n Date 2A. Deemed Year) Execution Date, if any (Month/Day/Year)		3. 4. Securities Acquired (A Transactionor Disposed of (D) Code (Instr. 3, 4 and 5) (Instr. 8) (A) or Code V Amount (D) Price			(D)	5. Amount of Securities Beneficially Owned Following Reported Transaction(s) (Instr. 3 and 4)	6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	7. Nature of Indirect Beneficial Ownership (Instr. 4)		
Common Stock	12/04/2015			S		D	\$ 23.0309 (1)	91,500 <u>(2)</u>	Ι	See Footnote (3)		

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

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 Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned

 (e.g., puts, calls, warrants, options, convertible securities)

1. Title of Derivative Security (Instr. 3)	2. Conversion or Exercise Price of Derivative Security	3. Transaction Date (Month/Day/Year)	4. Transactic Code (Instr. 8)	5. ofNumber of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4, and 5)		ate	Secur	unt of rlying	8. Price of Derivative Security (Instr. 5)	9. Nu Deriv Secur Bene Own Follo Repo Trans (Instr
			Code V	(A) (D)	Date Exercisable	Expiration Date	Title	Amount or Number of Shares		

Reporting Owners

Reporting Owner Name / Address		Relationships						
r		Director	10% Owner	Officer	Other			
Masiello James C/O HERITAGE INSURANCE HOLDINGS 2600 MCCORMICK DRIVE SUITE 300 CLEARWATER, FL 33759	S, INC.	X						
Signatures								
/s/ Bruce Lucas, by Power of 02/27/2 Attorney		17						
** Signature of Reporting Person	Date							

Explanation of Responses:

- * If the form is filed by more than one reporting person, see Instruction 4(b)(v).
- ** Intentional misstatements or omissions of facts constitute Federal Criminal Violations. See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).
- The price is the weighted average price for the transactions reported on this line. The range of prices for the transactions reported on this(1) line is between \$12.91 and \$12.98 per share. Complete information regarding the number of shares purchased at each separate price will be provided upon request by the Commission Staff, the issuer or a security holder of the issuer.
- (2) This amended Form 4 is filed to correct the number of securities beneficially owned following the reported transaction in Table I, which were previously incorrectly reported due to administrative error.
- (3) Shares of common stock reported on this line are held by Alliance Holdings, Inc., an entity controlled by Mr. Masiello and members of his family.

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, *see* Instruction 6 for procedure. Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB number.